



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E474603**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	<b>15-02622</b>		
LOCAL AGENCY CODING	<b>0664</b>		
TOTAL # OF UNITS	<b>03</b>	OBJECT STRUCK	

TRIBAL RESERVATION			
DATE OF COLLISION	<b>10</b> - <b>22</b> - <b>2015</b>	TIME (2400)	<b>1621</b>
COUNTY #	<b>31</b>	MILES	
CITY #	<b>0664</b>	N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	IN <input checked="" type="checkbox"/> OF <input type="checkbox"/>

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
<b>20 ST SE</b>	BLOCK NO. <input checked="" type="checkbox"/>	<b>8000</b>
MILE POST		
DISTANCE	OF (REFERENCE OR CROSS STREET)	
<b>20</b> MILES <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>		

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE <b>D: 4253444487</b>
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LAST NAME	<b>LE</b>	FIRST NAME	<b>CONNOREY</b>	MIDDLE INITIAL	<b>K</b>
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STREET NEW ADDRESS	<b>8705A 1ST PL NE</b>
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CITY	<b>LAKE STEVENS</b>	ST	<b>WA</b>	ZIP	<b>98258</b>
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	<b>LE***CK042R6</b>	STATE	<b>WA</b>	SEX	<b>M</b>	D.O.B. MMDDYYYY	<b>12</b> - <b>26</b> - <b>1996</b>
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG <b>2</b>	RESTR. <b>4</b>	EJECT <b>1</b>	HELMET USE <b>2</b>	INJURY CLASS <b>1</b>	NATURE OF INJURIES
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LICENSE PLATE #	<b>901ZWR</b>	STATE	<b>WA</b>	VIN#	<b>1FMZU34E1WZB23857</b>
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	<b>1998</b>	MAKE	<b>FORD</b>	MODEL	<b>EXPLOR</b>	STYLE	<b>4W</b>	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. **ANGELA MCGLOTHORN 2030 VALLEY VIEW DR LAKE STEVENS WA 98258**

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	<b>LIBERTY MUTUAL A022680891284059</b>		
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	<b>5Z0835236</b>	CHARGE	<b>OPER/POSSESS VEH W/O</b>



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE <b>D: 4253080012</b>
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LAST NAME	<b>MILLER</b>	FIRST NAME	<b>JACOB</b>	MIDDLE INITIAL	<b>B</b>
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STREET NEW ADDRESS	<b>506 123RD AVE SE</b>
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CITY	<b>LAKE STEVENS</b>	ST	<b>WA</b>	ZIP	<b>98258</b>
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	<b>MILLEJB155CC</b>	STATE	<b>WA</b>	SEX	<b>M</b>	D.O.B. MMDDYYYY	<b>02</b> - <b>03</b> - <b>1985</b>
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG <b>2</b>	RESTR. <b>4</b>	EJECT <b>1</b>	HELMET USE <b>2</b>	INJURY CLASS <b>1</b>	NATURE OF INJURIES
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LICENSE PLATE #	<b>B78743S</b>	STATE	<b>WA</b>	VIN#	<b>1FTRW08L93KD97334</b>
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	<b>2003</b>	MAKE	<b>FORD</b>	MODEL	<b>F150</b>	STYLE		VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	<b>PROGRESSIVE 903505210</b>		
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #		CHARGE	



OFFICER'S NAME (PRINT)	<b>N. ADAMS #127</b>	BADGE OR ID #	<b>127</b>	AGENCY	<b>WA0311900</b>
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STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E474603**

CASE # **15-02622**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES

NARRATIVE

On 10/22/15 at about 1621 hours (all times approximate), Sergeant Brooks and I responded to a collision at 7900 20th St SE, in the city of Lake Stevens.

Vehicle 3 (LIC: AOJ8539) was legally stopped for traffic. Vehicle 2 (LIC: B78743S) was slowing as it approached Vehicle 3. Vehicle 1 (LIC: 901ZWR) was not paying attention to traffic ahead of him and collided into the rear of Vehicle 2, which pushed it into Vehicle 1.

I provided an exchange of information to all drivers involved.

No injuries were reported, all vehicle were able to be driven away.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**N. ADAMS #127**

**10-24-15 09:18 AM**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

**SGT. C. VALVICK 0071**

**10/25/2015 5:41:13 PM**

BADGE OR ID #	<b>127</b>	ORI #	<b>WA0311900</b>	TIME POLICE DISPATCHED	<b>4:21 PM</b>	TIME POLICE ARRIVED	<b>4:26 PM</b>
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SUPPLEMENTAL  
POLICE TRAFFIC  
COLLISION REPORT



013197

REPORT NO. **E474603**

CASE # **15-02622**

COMMERCIAL MOTOR CARRIER

INTERSTATE ☐

INTRASTATE ☐

UNIT #

USDOT

ICC #

VEHICLE TYPE

CARGO BODY TYPE

CARRIER NAME

CARRIER ADDRESS

CITY

ST

ZIP

NAME SOURCE

# AXLES

GVWR

PLACARD

+

NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT #

3

MOTOR VEHICLE ☒

PEDAL-CYCLE ☐

PEDESTRIAN ☐

PROPERTY OWNER ☐

DAMAGE THRESHOLD MET YES ☒ NO ☐

PHONE

D: 3806614097

LAST NAME

GRIER

FIRST NAME

ALAN

MIDDLE INITIAL

L

STREET NEW ADDRESS

15 118TH DR NE

CITY

LAKE STEVENS

ST

WA

ZIP

98258

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

GRIERAL46809

STATE

WA

SEX

M

D.O.B. MMDDYYYY

09

-

29

-

1954

ON DUTY ☐

STATUS

AIRBAG

2

RESTR.

4

EJECT

1

HELMET USE

2

INJURY CLASS

1

NATURE OF INJURIES

LICENSE PLATE #

AOJ8539

STATE

WA

VIN#

5N1AR18W57C618251

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

2007

MAKE

NISS

MODEL

PATHFIN

STYLE

4W

VEHICLE TOWED YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. RENEE GRIER 15 118TH DR NE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT ☒

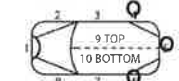
INSURANCE CO. & POLICY # GEICO 0639179704

VEHICLE LEGALLY STANDING YES ☒ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



UNIT #

MOTOR VEHICLE ☐

PEDAL-CYCLE ☐

PEDESTRIAN ☐

PROPERTY OWNER ☐

DAMAGE THRESHOLD MET YES ☐ NO ☐

PHONE

LAST NAME

FIRST NAME

MIDDLE INITIAL

STREET NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

STATE

SEX

D.O.B. MMDDYYYY

ON DUTY ☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET USE

INJURY CLASS

NATURE OF INJURIES

LICENSE PLATE #

STATE

VIN#

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐

INSURANCE CO. & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

N. ADAMS #127

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST DET

10-24-15 09:18 AM

DATED:

PLACE SIGNED

BADGE OR ID #

127

ORI #

WA0311900

APPROVED BY

VALVICK

DATE

10/25/201

PAGE

3

OF

4



NOT TO SCALE

8000 block of 20th St SE





# LAKE STEVENS POLICE DEPARTMENT

## INCIDENT STATEMENT FORM

CASE NUMBER 15-02622

VICTIM ☒ WITNESS ☐

NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) <u>GRIER ALAN L</u>		RACE <u>C</u>	ETHNICITY	SEX <u>M</u>	D.O.B. <u>9/29/54</u>	AGE <u>61</u>	HGT <u>6'2</u>	WGT <u>205</u>	HAIR <u>BR</u>	EYES <u>HAZ</u>
STREET ADDRESS <u>15 116 DR NE</u>				CITY <u>LAKE STEVENS</u>			STATE <u>WA</u>		ZIP <u>98256</u>	
HOME PHONE		CELL PHONE <u>360-661-4097</u>			WORK PHONE <u>360-661-4097</u>					
EMAIL ADDRESS (OPTIONAL)					PLACE OF EMPLOYMENT <u>SUBURBAN PROPANE</u>					

### STATEMENT:

TRAFFIC STOPPED ON 20<sup>TH</sup> ST COMING EAST BOUND  
OFF OF TRESSLE, CAR BEHIND REARED MY VEHICLE  
CAUSED BY CAR BEHIND HIM

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Alan L Grier</u>	DATE SIGNED: <u>10/22/15</u>
OFFICER/NUMBER: <u>Adams #127</u>	DATE SIGNED: <u>10/22/15</u>

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"



# LAKE STEVENS POLICE DEPARTMENT

## INCIDENT STATEMENT FORM

CASE NUMBER 15-02622

VICTIM ☐ WITNESS ☐

NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) <u>Miller Jacob P</u>	RACE <u>W</u>	ETHNICITY	SEX <u>M</u>	D.O.B. <u>020385</u>	AGE <u>30</u>	HGT <u>509</u>	WGT <u>200</u>	HAIR <u>BRN</u>	EYES <u>GRN</u>
STREET ADDRESS <u>P.O. Box 12333</u>			CITY <u>Everett</u>			STATE <u>WA</u>		ZIP <u>98206</u>	
HOME PHONE <u>425-308-0012</u>		CELL PHONE			WORK PHONE				
EMAIL ADDRESS (OPTIONAL)					PLACE OF EMPLOYMENT <u>FLUKE</u>				

### STATEMENT:

I stopped and a guy ran into the back of my truck and push me forward and hit a SUV. Then we pulled over.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:

DATE SIGNED:

10-22-15

OFFICER/NUMBER:

Adams #127

DATE SIGNED:

10/22/15

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"



# LAKE STEVENS POLICE DEPARTMENT

## INCIDENT STATEMENT FORM

CASE NUMBER 15-02622

VICTIM ☐ WITNESS ☐

NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) <u>Le Connorsy Kim</u>		RACE <u>ASN</u>	ETHNICITY <u>VIETNAMESE</u>	SEX <u>M</u>	D.O.B. <u>12/26/16</u>	AGE <u>18</u>	HGT <u>6'0</u>	WGT <u>220</u>	HAIR <u>Black</u>	EYES <u>Brown</u>
STREET ADDRESS <u>2030 Valley View Dr</u>		CITY <u>Lake Stevens</u>		STATE <u>WA</u>		ZIP <u>98258</u>				
HOME PHONE <u>425-344-3387</u>		CELL PHONE <u>425-344-3387</u>		WORK PHONE						
EMAIL ADDRESS (OPTIONAL) <u>Connor127@gmail.com</u>				PLACE OF EMPLOYMENT						

**STATEMENT:**

I was driving and I looked to the left at the gas pumps and rear ended the Ford F1-50

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Connor Le</u>	DATE SIGNED: <u>10/23/15</u>
OFFICER/NUMBER: <u>Adams #127</u>	DATE SIGNED: <u>10/22/15</u>

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"

LAKE STEVENS POLICE EVIDENCE UNIT	Primary Officer/Badge Number SGT D. Brooks # 13	Case Number 15-02622
Type of Crime: Felony / Misdemeanor (Circle)	Type of Case: COLLISION	Date/Time: 10/24/15 1800
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING *Evi will be held until court dispo or when the Statute of Limitations has expired *Found and Sfgk will be held for 60 days or 60 days past owner notification		

Case # 15-02622

Item # RB 1 Action # 3	Item PHOTO CO		Brand Name		Storage Location	Disposition	
	Brand/Model/Caliber (Further Description)						
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Item #  Action #	Item		Brand Name		Storage Location	Disposition	
	Brand/Model/Caliber (Further Description)						
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Item #  Action #	Item		Brand Name		Storage Location	Disposition	
	Brand/Model/Caliber (Further Description)						
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Item #  Action #	Item		Brand Name		Storage Location	Disposition	
	Brand/Model/Caliber (Further Description)						
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Item #  Action #	Item		Brand Name		Storage Location	Disposition	
	Brand/Model/Caliber (Further Description)						
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							

Evidence Control Use Only:

Received by Evidence:	NCIC/WACIC ✓	Date:	CAD/RMS Checked	ROUTING: _____
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File



Incident History for: #SS15021190 Xref: #S015175093

Case Numbers: \$SS15002622

Entered 10/22/15 16:21:32 BY SPDP16 SP0377

Dispatched 10/22/15 16:21:54 BY SPSC40 SP0333

Enroute 10/22/15 16:21:54

Onscene 10/22/15 16:26:30

Closed 10/22/15 17:03:41

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS003 Fire BLK: AG1317 Map Page: 397C-4 Group: SS1 Beat: SOUT

Src: T

Loc: 7900 20 ST SE , LKS btwn 79 AV SE & 87 AV SE (V)

Loc Info: NEAR NEW GAS STA

Name: GRIER, ALLEN

Addr:

Phone: 3606614097

/1621 (SP0377) ENTRY , 3 CAR COL, ORIGINALLY ENTERED FOR N COUNTY, NON  
BLKING, NON INJ  
/1621 CROSS #S015175093  
/1621 (SP0333) AGCADV , BCST  
/1621 DISPER 19N1 #SS120 BERNHARD, OFFICER (KERRY)  
/1621 \$PREMPT 19N1  
/1621 \$DISPER 19D1 #SS127 ADAMS, OFFICER (NATHAN)  
/1621 PREDSP 19N1 19D1 #SS15021189 T/NOISE [9000 10 PL SE , LKS]  
  
/1622 ASSTER 19S10 #SS13 BROOKS, SGT (RON)  
/1622 (SP0377) SUPP NAM: GRIER, ALLEN,  
PHO: 3606614097,  
TXT: BLK FORD F150, BLU FORD EXPLORER, WHI NISSA  
N PATHFINDER, THINKS 2 OR 3 SUBJ'S DO NOT HAVE I  
NS  
  
/1626 (SP0333) ONSCNE 19D1  
/1626 ONSCNE 19S10  
/1626 (SP0194) ONSCNE 19D1  
/1626 ONSCNE 19S10  
/1631 (SS127 ) REMINQ 19D1 MDTWANT, LE, CONNOREY, K, 122696, , , WA, , , , , , , , , , ,  
/1635 REMINQ 19D1 MDTVEH, 901ZWR, , WA, , , , , , , , , , ,  
/1636 REMINQ 19D1 MDTWANT, , , , , , WA, MCGLOAM322K1, , , , , , , , , , ,  
/1641 \*ASNCAS 19D1 \$SS15002622  
/1645 REMINQ 19D1 MDTVEH, B78743S, , WA, , , , , , , , , , ,  
/1645 REMINQ 19D1 MDTWANT, MILLER, JACOB, B, 020385, , , WA, , , , , , , , , , ,  
/1650 REMINQ 19D1 MDTVEH, AOJ8539, , WA, , , , , , , , , , ,  
/1651 REMINQ 19D1 MDTWANT, , , , , , WA, GRIERRD396RL15118TH, D, R, NE, , , , ,  
/1651 REMINQ 19D1 , , , , , , , , , , ,  
/1652 (SS13 ) REMINQ 19D1 MDTWANT, , , , , , WA, GRIERRD396RL, , , , , , , , , , ,  
/1652 (SS127 ) REMINQ 19S10 MDTVEH, 901ZWR, , WA, , , , , , , , , , ,  
/1653 (SS127 ) REMINQ 19D1 MDTWANT, GRIER, ALAN, L, 092954, , , WA, , , , , , , , , , ,  
/1703 (SP0194) CLEAR 19D1 D/H  
/1703 CLEAR 19S10  
/1703 CLOSE 19S10